



# WIC POLICY AND PROCEDURE MANUAL

Michigan Department of Community Health

Chapter/Section: 6.03B

Effective Date: 10-1-05

Issue Date: 10/1/05

## 6. NUTRITION SERVICES

### 6.03B Required Services for Nutritional High Risk Participants

FINAL

#### Template for High Risk Nutrition Care Plans

#### MICHIGAN WIC HIGH RISK NUTRITION CARE PLAN

Participant: \_\_\_\_\_ Participant ID: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

RD determined care plan not  
needed due to:

#### Problems/Risks Identified:

#### Subjective Notes:

Date of Birth : \_\_\_\_/\_\_\_\_/\_\_\_\_ Age : \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_

Other objective data:

#### Assessment:

Goal: \_\_\_\_\_

Objective(s) Participant agrees to:	Interventions	Evaluation Method(s)
		<u>Follow Up Strategies</u>
		<u>Referrals made:</u> ____MSS/ISS ____MD ____DHS/FS/FIP/FIA _____ _____
Participant Initials: _____		

Handouts provided: \_\_\_\_\_ For Care Plan Revision/Progress/Follow-up Notes See Back \_\_\_\_\_  
RD Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Care Plan Concluded on this date \_\_\_\_\_ due to \_\_\_\_\_  
RD Signature \_\_\_\_\_